

## Plattsburgh Family Dentistry Visitor Questionnaire

Updated: 3/27/2020

The safety of our employees, and patients remain Plattsburgh Family Dentistry's overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spread globally and across the U.S., we are monitoring the situation closely and periodically updating company guidance based on current recommendations from the Center for Disease Control and Prevention (CDC). To prevent the spread of COVID-19 and reduce the potential risk of exposure to our staff and patients, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in our office. If the answer is "yes" to any one of the below questions, unfortunately we will not be able to see you at this time.

Name: \_\_\_\_\_ Personal Phone # (mobile/home): \_\_\_\_\_

### Self-Declaration by Patient

**1. Have you taken a cruise, or returned from any of the high-risk countries listed on the CDC's website,\* or traveled through New York City within the last 14 days?**

Yes\_\_\_ No\_\_\_

**2. Have you had close contact with, or cared for, someone diagnosed with COVID-19 within the last 14 days?**

Yes\_\_\_ No\_\_\_

**3. Have you been in close contact with anyone who has traveled within the last 14 days to one of the high-risk countries listed on the CDC website\* or through New York City within the last 14 days?**

Yes\_\_\_ No\_\_\_

**4. Have you experienced any cold or flu-like symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, difficulty breathing)?**

Yes\_\_\_ No\_\_\_

**5. Do you live with, or have been in close contact with, someone who is exhibiting flu-like symptoms (including fever, cough, sore throat, respiratory illness, difficulty breathing)?**

Yes\_\_\_ No\_\_\_

If the answer is "yes" to any one of the above questions, access to the facility will be denied.

Signature (patient):

\_\_\_\_\_ Date: \_\_\_\_\_

Signature (staff):

\_\_\_\_\_ Date: \_\_\_\_\_

(circle one): **Approved** **Denied**

\*For more information about the current at-risk countries please visit:

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>